

SERFF Tracking Number:	SFMA-125318721	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	AR-PC-07-026409
Company Tracking Number:	FR-22647		
TOI:	03.0 Personal Farmowners	Sub-TOI:	03.0000 Personal Farmowners
Product Name:	FR-22647		
Project Name/Number:	FR-22647/FR-22647		

## Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: FR-22647

SERFF Tr Num: SFMA-125318721 State: Arkansas

TOI: 03.0 Personal Farmowners

SERFF Status: Closed

State Tr Num: AR-PC-07-026409

Sub-TOI: 03.0000 Personal Farmowners

Co Tr Num: FR-22647

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Authors: Richard Haberer, Ethel  
Gordon

Disposition Date: 10/15/2007

Date Submitted: 10/11/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

03/01/2008

## General Information

Project Name: FR-22647

Status of Filing in Domicile: Not Filed

Project Number: FR-22647

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/15/2007

State Status Changed: 10/12/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of endorsement FE-8597.1 Extended Chemical Drift Liability Endorsement. This optional endorsement is a coverage enhancement.

FE-8597.1 provides increased limits of liability for bodily injury and property damage resulting from chemical drift off the insured location and will be available for use with policy form FP-8105 Farm/Ranch Policy.

## Company and Contact

### Filing Contact Information

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Nate Gross,	nathan.gross.aiqq@statefarm.com
One State Farm Plaza	(309) 766-3003 [Phone]
Bloomington, IL 61710	(309) 766-0225[FAX]

**Filing Company Information**

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	10/11/2007	16071051

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/15/2007	10/15/2007

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<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026409</i>
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<i>Project Name/Number:</i>	<i>FR-22647/FR-22647</i>		

## Disposition

Disposition Date: 10/15/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 03/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Extended Chemical Drift Liability End.	Approved	Yes

SERFF Tracking Number:	SFMA-125318721	State:	Arkansas
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Chemical Drift Liability End.	FE-8597.1		Endorseme New nt/Amendm ent/Condi tions		0.00	FE-8597 1.pdf

## EXTENDED CHEMICAL DRIFT LIABILITY ENDORSEMENT

Under **Section II - Additional Coverages**, Item 4. **Chemical Drift Liability** is replaced by the following:

### 4. **Chemical Drift Liability.**

a. We will pay those sums that the **insured** becomes legally obligated to pay as the result of **bodily injury** or **property damage** if:

- (1) the damage was caused by the chemicals, liquids or gases that the **insured** uses in normal and usual agricultural operations. These chemicals, liquids or gases must be emitted into the air by discharge, dispersal, release or escape during the **insured's** normal and usual agricultural operations; and
- (2) the chemicals, liquids or gases entered into the air by some means other than dis-

charge, dispersal, release or escape from aircraft.

b. The total limit of our liability in any one year is \$50,000 for **bodily injury** and \$50,000 for **property damage**. This is the most we will pay regardless of the number of:

- (1) **occurrences**;
- (2) **insureds**;
- (3) claims made or suits brought; or
- (4) persons or organizations making claims or bringing suit.

This coverage does not apply to loss, cost or expense arising out of any government direction or request that the named insured test for, monitor, clean up, remove, contain, treat, detoxify or neutralize pollutants.

All other policy provisions apply.



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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	10/15/2007
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### Comments:

### Attachment:

AR 22647 PC TD-1 - P-C Transmittal Document.pdf

## Property &amp; Casualty Transmittal Document

Arkansas

**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**


	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
State Farm Insurance Companies	0176

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

<b>5. Company Tracking Number</b>	<b>FR-22647</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director and Assistant Secretary- Treasurer	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Thomas W. Monson		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	03.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	03.0000
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Farm/Ranch Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
<b>14. Effective Date(s) Requested</b>	January 1, 2008 for new business and March 1, 2008 for renewals.
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	October 12, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>FR-22647</b>
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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FE-8597.1 provides increased limits of liability for bodily injury and property damage resulting from chemical drift off the insured location and will be available for use with policy form FP-8105 Farm/Ranch Policy.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #: Submitted via EFT**  
**Amount: \$50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**